

nosis and follow-up, indications for operation and "state of the art" for managing this condition are more generally known and applied, there are serious questions as to whether mass screening for UTI should be employed.

RALPH D. HARRIS, MD

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Immediate Post-Partum Immunization for Rubella

THE NATIONWIDE EFFORT begun in 1969 to control rubella and prevent its teratogenic effects was focused on the immunization of children from a year to 12 years old. It was expected that the "herd immunity" thus established would protect non-immune women of child bearing age. Several recent epidemics among adolescent and college-age students have raised doubts about the validity of this concept. Recently, the United States Public Health Service has reported the desirability of extending the use of rubella vaccine to adolescent girls and adult women who have been shown serologically to be non-immune to rubella. In this group it is necessary to prove non-pregnant status and to assure prevention of pregnancy for at least two months and preferably three.

The ideal time for immunizing non-immune women is in the immediate postpartum period when non-pregnant status is certain and is likely to continue beyond the time that infection with the vaccine virus is a hazard. It would also be advisable to prescribe an effective method of contraception for at least three months following vaccination.

GENEVIEVE L. JOY, MD

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Coronary Heart Disease Prevention

The Multiple Risk Factor Intervention Trial (MRFIT)

CORONARY HEART DISEASE remains the leading community health problem in the nation. To control this epidemic we must direct our attention to primary prevention. American men are at higher risk than women, having one chance in five of developing the disease before the age of 60. Other than age and sex, the most important risk factors, convincingly established by a multitude of prospective studies, are elevated serum cholesterol, elevated blood pressure and cigarette smoking. Results of recent studies in behavioral sciences, nutrition and clinical trials indicate that these three risk factors can be modified. The expectation is great, therefore, that alteration of these risk factors can reduce the incidence rate of coronary heart disease. This is the main objective of MRFIT.

The Multiple Risk Factor Intervention Trial is being conducted, under National Heart and Lung Institute auspices, in twenty clinical centers in the United States, and will continue for a period of six years. Its main objective is to determine whether a safe and systematic intervention aimed at altering the risk factors among men aged 35 to 57, who are at risk, will result in a significant reduction in the incidence of coronary heart disease death.

Selection of volunteers who wish to participate in the program is by three screening procedures and randomization of participants into special intervention (cases) and regular (control) groups. Both groups will be followed for six years. There are three centers in California, one at the Pacific Medical Center in San Francisco, one at the University of Southern California in Los Angeles and the third at the University of California School of Medicine at Davis in the Sacramento area.

It is hoped that practicing physicians will lend their support to this important community health program. If this program demonstrates a reduced mortality among those in the special intervention group, it will constitute a major advance in our capabilities to achieve primary prevention of coronary heart disease, and perhaps help bring this tragic epidemic under control.

NEMAT O. BORHANI, MD

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